

**West Jasper School District  
ASTHMA PLAN**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**INSTRUCTIONS TO SCHOOL:**

**IF COUGHING OR WHEEZING GIVE:**

- Albuterol 2-4 puffs with/without spacer and notify parent/guardian
- Albuterol 1 treatment via nebulizer and notify parent/guardian

**PRE-MEDICATION, GIVE:**

- Albuterol 2-4 puff with/without spacer 15-30 minutes prior to exercise
- Albuterol 1 treatment via nebulizer 15-30 minutes prior to exercise
  
- Recommend that student be allowed to carry and self- administer all asthma medications
- Recommend that school nurse/personnel administer asthma medications and notify parents

Other instructions (if applicable)

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**Location of Student's Inhaler:** \_\_\_\_\_

*\*Do not permit student to walk alone if short of breath \*Teachers should be trained to assist students with inhalers on field trips*

*\*Notify school nurse at least 2 weeks in advance of field trips (inhaler & care plan must go with student on trip)*

**DO NOT MAKE STUDENT WAIT UNTIL CLASS IS OVER TO USE INHALER!!!!**

**FOR THE FOLLOWING SEVERE PROBLEMS, CALL 911, THEN NURSE AND PARENT:**

1. No relief from inhaler after 20 minutes
2. Extreme shortness of breath so that student cannot speak or walk
3. Blueness of skin around mouth, lips, or fingers
4. Student collapses
5. Student struggling to breathe (chest and abdomen caves in with breathing) or nasal flaring
6. Other \_\_\_\_\_

School Nurse Signature & Phone  
number: \_\_\_\_\_

I authorize the school nurse to share this information with \_\_\_\_\_'s teachers in order to ensure his/her health & safety while at school

**Parent Signature:** \_\_\_\_\_ **Parent Phone Number** \_\_\_\_\_

Emergency Contact: Name & phone  
number \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_